

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107537764**

PILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
								IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2							52							
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45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.			3		3									
TOTAL DEP.			3		3									
TOTAL CLAIMS			6											